

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09 886475** FILING DATE  
ATTORNEY

**8/3/6 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2						1	52						
3						1	53						
4						1	54						
5						1	55						
6						1	56						
7						1	57						
8						1	58						
9						1	59						
10						1	60						
11						1	61						
12						1	62						
13						1	63						
14						1	64						
15						1	65						
16						1	66						
17						1	67						
18						1	68						
19						1	69						
20						1	70						
21						1	71						
22						1	72						
23						1	73						
24						23	74						
25						33	75						
26						33	76						
27						33	77						
28						33	78						
29						33	79						
30						1	80						
31						1	81						
32						3	82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓	2	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	142	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS					144		TOTAL CLAIMS						